

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-7A FORM

PERFORMANCE-RELATED DISCIPLINE QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age (40-70) | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Use of guide dog or support animal | |
| <input type="checkbox"/> Color | <input type="checkbox"/> GED | <input type="checkbox"/> Sexual preference/Orientation | |
| <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Retaliation | | |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Non-job related handicap/disability | |
| <input type="checkbox"/> Familial Status | | identify your disability _____ | |

3. Provide your employment history with the Respondent employer as follows:

- a) date of hire _____
- b) position title at time of hire _____
- c) position title at time of most recent discipline _____
- d) date you were selected for the job you held at the time of the most recent discipline.

-
- e) Name of section/department at time of most recent discipline.
-
- f) Name and title of your immediate supervisor.
-
4. Describe the most recent discipline (discharge, suspension, demotion, etc.) given to you.
-
-
5. What explanation was given to you as to the reason(s) for your receiving this most recent discipline?
-
-
-
-
-
6. On what date were you told of the discipline to be given to you?
-
7. Were you informed verbally or in writing of this discipline?
- Verbally _____ In Writing _____
8. What is the name and title of the person who informed you of the discipline to be given to you?
- Name/Title _____
9. Was this the person who recommended your discipline?
- Yes _____ No _____
- If not, identify by name and title the person who did recommend that you be disciplined.
- Name/Title _____
10. What is the employer's discipline policy related to alleged performance deficiencies?

11. How do you know what this discipline policy is?

12. Did you have performance problems to the extent claimed by your employer?

Yes _____ No _____

If not, what is your version of your performance recorded and how can this be documented?

13. Is performance documented by means such as manual or computer-generated sales records, productivity reports, etc.?

Yes _____ No _____

If yes, describe the type(s) of reports generated. If there are no such reports or listings, to the best of your knowledge, how does the employer keep track of performance-related matters?

14. Describe your last 2 performance reviews, include the overall rating, any specific area(s) of negative documents, the approximate date of each review and the name and title of the person who gave you each review.

15. Have you received any verbal or written counseling or notices of deficiency related to performance (e.g., written warnings, suspensions, placed on probation, etc.)?

Yes, _____ No _____

If yes, describe all such actions to include nature of action taken by the employer, state reasons for action taken, date and name/title of supervisor or manager who caused the action to be taken.

16. Identify all persons in comparable positions who have had performance problems within the last years, but who receive a lesser discipline than you received. For each person named, provide the following information (adding extra pages, if needed, to complete your answer.

a) name _____

b) race _____ sex _____

national origin _____ approximate age _____

c) job title _____

d) name/job title of immediate supervisor _____

e) description of performance problems _____

f) type of discipline, if any, given to this person _____

g) when did this occur? _____

h) how do you know about the above circumstances?

17. Identify all persons in comparable positions who have had performance problems in the last 2 years, and who have been disciplined in the same manner as you were. For each person listed, provide the following (adding extra pages, if needed), to complete this answer).

a) name _____

b) race _____ sex _____

national origin _____ approximate age _____

c) job title _____

d) name/job title of immediate supervisor _____

e) description of performance problems _____

f) type of discipline, if any, given to this person _____

g) when did this occur _____

h) how do you know about above circumstances?

18. Why do you believe that you and persons cited in question #17 were disciplined more severely than those persons cited in question #16?

19. For what reason(s) do you believe that you were discriminated against?

| | | |
|--|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age (40+) Date of Birth |
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Use of guide dog or support animal |
| <input type="checkbox"/> Color | <input type="checkbox"/> GED | <input type="checkbox"/> Participation in/or refusal to participate in Abortion Sterilization |
| <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Non-job related handicap/disability identify your disability _____. |

If there are other facts you feel should be considered, record these on the last page of the questionnaire
(Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

Address

City, State and Zip Code

()
Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]

